

Special Inspector Daily Report

Code Authority:		Date:		
Project Name/Address:		Inspection Type(s) Coverage: <input type="checkbox"/> Continuous <input type="checkbox"/> Periodic		
Inspections Made/Report Reference:				
Tests Made:				
List items requiring correction, corrections of previously listed items and previously listed corrected items:				
Item	Report Ref/Date	Correction	Complete	
			<input type="checkbox"/>	
			<input type="checkbox"/>	
List changes to approved plans authorized by architect and engineer:				
Item	Dwg. Ref.	Ref. No.	Approved by Architect/Engineer	Comments
			<input type="checkbox"/>	
			<input type="checkbox"/>	
Comments:				

To the best of knowledge, work inspected was in accordance with the building department approved design drawings, specifications and applicable standards except as noted above.

Signed: _____

Date: _____

Print Full Name: _____

I.D. Number: _____

Special Inspector Weekly Report

Code Authority:	Date:			
Project Name/Address:	Inspection Type(s) Coverage: <input type="checkbox"/> Continuous <input type="checkbox"/> Periodic			
Inspections Made/Report Reference:				
Tests Made:				
List items requiring correction, corrections of previously listed items and previously listed corrected items:				
Item	Report Ref/Date	Correction	Complete	
			<input type="checkbox"/>	
			<input type="checkbox"/>	
List changes to approved plans authorized by architect and engineer:				
Item	Dwg. Ref.	Ref. No.	Approved by Architect/ Engineer	Comments
			<input type="checkbox"/>	
			<input type="checkbox"/>	
Comments:				

To the best of knowledge, work inspected was in accordance with the building department approved design drawings, specifications and applicable standards except as noted above.

Signed: _____

Date: _____

Print Full Name: _____

I.D. Number: _____

Concrete Construction Inspection Record

Concrete Contractor's Name:		Project Name:			
Structural Element(s) Placed	Reinforcing Steel in Code Compliance	<input checked="" type="checkbox"/>	Concrete Placement ²		Comments
	Concrete Quality	Concrete Placement ²	Spec. No.	Test Results	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

¹ Per ACI 318 Sec. 5-11 through 5-13.

² Per ACI 318 Chap. 4, Sec. 5.2, 5.3, 5.4, 5.8.

Concrete Lift Inspection

Drawing Reference/Location of Lift:		Date:	
Item	Findings		
	Acceptable <input checked="" type="checkbox"/>	NOT Acceptable <input checked="" type="checkbox"/>	Explanation
Formwork/Excavation/Embedded Items:			
Forms are the correct size.	<input type="checkbox"/>	<input type="checkbox"/>	
Forms properly supported.	<input type="checkbox"/>	<input type="checkbox"/>	
Embedded pipe/conduit/ducts located in accordance with drawings.	<input type="checkbox"/>	<input type="checkbox"/>	
Reinforcing Steel:			
Grade.	<input type="checkbox"/>	<input type="checkbox"/>	
Size.	<input type="checkbox"/>	<input type="checkbox"/>	
Location.	<input type="checkbox"/>	<input type="checkbox"/>	
Spacing.	<input type="checkbox"/>	<input type="checkbox"/>	
Condition of bar.	<input type="checkbox"/>	<input type="checkbox"/>	
Weld inspection (when required).	<input type="checkbox"/>	<input type="checkbox"/>	
Supports of rebar.	<input type="checkbox"/>	<input type="checkbox"/>	

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Concrete Lift Inspection, continued			
Item	Findings		
	Acceptable <input checked="" type="checkbox"/>	NOT Acceptable <input checked="" type="checkbox"/>	Explanation
Concrete Quality:			
Required compressive strength:	<input type="checkbox"/>	<input type="checkbox"/>	
Proportions/mix design: <ul style="list-style-type: none"> • Truck ticket, batch plant ticket ready mix (ASTM 84 or ASTM 685); • Job mix (ACI318). 	<input type="checkbox"/>	<input type="checkbox"/>	
Water content.	<input type="checkbox"/>	<input type="checkbox"/>	
Aggregate size.	<input type="checkbox"/>	<input type="checkbox"/>	
Admixtures.	<input type="checkbox"/>	<input type="checkbox"/>	
Concrete Placement:			
Preparation: Transport/mix equipment clean.	<input type="checkbox"/>	<input type="checkbox"/>	
Forms coated.	<input type="checkbox"/>	<input type="checkbox"/>	
Rebar is clean.	<input type="checkbox"/>	<input type="checkbox"/>	
Debris and ice removed.	<input type="checkbox"/>	<input type="checkbox"/>	
Forms/trenches dry.	<input type="checkbox"/>	<input type="checkbox"/>	
Placement: Samples have been taken (see Sample Log).	<input type="checkbox"/>	<input type="checkbox"/>	
Conveying (no separation).	<input type="checkbox"/>	<input type="checkbox"/>	
Water content (if water has been added).	<input type="checkbox"/>	<input type="checkbox"/>	
No ice in materials.	<input type="checkbox"/>	<input type="checkbox"/>	
Protection against cold weather (Concrete maintained above 50°).	<input type="checkbox"/>	<input type="checkbox"/>	

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Concrete Lift Inspection, continued			
Item	Findings		
	Acceptable <input checked="" type="checkbox"/>	NOT Acceptable <input checked="" type="checkbox"/>	Explanation
Concrete Cure:			
Concrete temperature maintained above 50° for 7 Days (3 days for high early strength).	<input type="checkbox"/>	<input type="checkbox"/>	
Concrete kept moist for 7 days (3 days for high early strength).	<input type="checkbox"/>	<input type="checkbox"/>	
Accelerated curing, if applicable.	<input type="checkbox"/>	<input type="checkbox"/>	

Masonry Construction Inspection Record

Masonry Contractor's Name:	Project Name:				
Verification of Masonry Material: (ACI 530.1/ASCE 6, Sec. 2.2)	Verification of Masonry Strength:				
Structural Element(s)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Masonry Inspection

Materials Inspection			
Job Number:			Date:
Drawing Reference/ Location on Building:			
Materials	Specified	Supplied	Comments
Masonry Units			
Mortar			
Grout			
Reinforcing Steel			
Joint Reinforcement			
Wire Fabric			
Masonry Strength Test			
Method: Unit Strength:			Date:
Prism:			
Test Results:			Required:
Operations Inspections			
Operation	Findings		
	Acceptable <input checked="" type="checkbox"/>	NOT Acceptable <input checked="" type="checkbox"/>	Explanation
Mixing/Proportioning.	<input type="checkbox"/>	<input type="checkbox"/>	
Applications.	<input type="checkbox"/>	<input type="checkbox"/>	
Rebar installation.	<input type="checkbox"/>	<input type="checkbox"/>	
Protection for hot or cold weather.	<input type="checkbox"/>	<input type="checkbox"/>	
Anchorage.	<input type="checkbox"/>	<input type="checkbox"/>	

Pile Driving Record

Inspector:						Date:									
Site:						File Number:									
						Job Number:									
Hammer Data															
Hammer Make and Model:						Driving Cap, Anvil, Helmet, etc.:									
Stroke Rated:						Weight (lb.):									
Meas.: ¹						Remarks: ²									
Weight of Ram (lb.):															
Pike, Type³						Mandrel (if used):									
Tip Diameter (in.):			Butt Diameter (in.):			Description:									
Length (in.):			Weight ⁴ (lb.):			Length (ft.):				Weight ⁴ (lb.):					
Follower (if used):						Penetration:									
Description:						Elevation of Ground:									
Length (ft.):			Weight (lb.):			Elevation of Tip (after driving):									
Start Driving						Finish Driving									
A.M.				P.M.				A.M.				P.M.			
Driving (mins.):															
Ft.	No. of blows	Ft.	No. of blows	Ft.	No. of blows	Ft.	No. of blows	Ft.	No. of blows	Ft.	No. of blows	Ft.	No. of blows		
0		8		16		24		32		40		48			
1		9		17		25		33		41		49			
2		10		18		26		34		42		50			
3		11		19		27		35		43		51			
4		12		20		28		36		44		52			
5		13		21		29		37		45		53			
6		14		22		30		38		46		54			
7		15		23		31		39		47		55			
Record number of blows required for each 6 inches of penetration. Note points at which stoppages occur with times of stopping and starting.															

¹Note any falling off in rated speed and stroke during driving.

²Jetting, cause and duration of delays in driving, boulders, bark, conditions of cushions, plumbness, banding, damage, driving shoe, etc.

³If wood, state kind, seasoning and treatment; if concrete, state mix and age.

⁴For wood piles determine actual weight per cubic foot of the wood by weighing a butt section.

Record of Field Discrepancies

Description of Discrepancy	Reference Number	Date Discrepancy Reported to Engineer or Architect of Record	Date Discrepancy Reported to Responsible Contractor	Corrective Action Taken